



Australian Government

Australian Aged Care Quality Agency

Glendale Care - Aged Care Townsville

RACS ID 5776
435 Dalrymple Road
Mount Louisa QLD 4814

Approved provider: Glendale RV Syndication Pty Ltd

Following an audit we decided that this home met 42 of the 44 expected outcomes of the Accreditation Standards. This home remains accredited until 10 July 2016.

We made our decision on 24 March 2016.

The audit was conducted on 29 February 2016 to 07 March 2016. The assessment team's report is attached.

In determining the period of accreditation, we considered the home's record of performance in meeting the Accreditation Standards and subsequent information submitted by the home.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Not met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

Care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Not met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Care recipient lifestyle

Principle:

Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Care recipient security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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Audit Report

Glendale Care - Aged Care Townsville 5776

Approved provider: Glendale RV Syndication Pty Ltd

Introduction

This is the report of a review audit from 29 February 2016 to 07 March 2016 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

During a home's period of accreditation there may be a review audit where an assessment team visits the home to assess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to make any changes to its accreditation period.

Assessment Team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 42 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.8 Information systems
- 2.4 Clinical care

Scope of audit

An assessment team appointed by Quality Agency conducted the review audit from 29 February 2016 to 07 March 2016.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Kathy Prain
Team member/s:	Catherine Miller

Approved provider details

Approved provider:	Glendale RV Syndication Pty Ltd
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Details of home

Name of home:	Glendale Care - Aged Care Townsville
RACS ID:	5776

Total number of allocated places:	90
Number of care recipients during audit:	46
Number of care recipients receiving high care during audit:	45
Special needs catered for:	Care recipients at risk of wandering

Street/PO Box:	435 Dalrymple Road
City/Town:	Mount Louisa
State:	QLD
Postcode:	4814
Phone number:	4726 1100
Facsimile:	[Home Fax]
Email address:	maryanne@glendalecare.com.au

Audit trail

The assessment team spent three days on site and gathered information from the following:

Interviews

Category Manager Aged and Community Care	Number
Director of Nursing	1
Operations Manager	1
Clinical nurses	2
Registered nurses	3
Enrolled nurses	2
Lifestyle staff	1
Care recipients/representatives	9
Hospitality staff	4
Business Manager	1
Clinical Project Officer	1
Physiotherapists	2
Care staff	5

Sampled documents

Category	Number
Care recipients' files	8
Progress notes	40
Medication charts	12
Personnel files	8

Other documents reviewed

The team also reviewed:

- 'Doctors' folder
- 'Organiser list'
- 'Summary' – quick reference care plans
- Activities calendar
- Adverse event reports

- Audit schedule, gap audits and results
- Blood glucose records
- Bowel charts
- Care agreement
- Care recipients' information handbook
- Care recipients' information package
- Cleaning schedules
- Clinical imprest list (draft)
- Comments and complaints information
- Consent to collect and store information
- Contracts
- Controlled drug register
- Diabetes management instructions
- Dietary sheets
- Dietitian reports
- Duty lists
- Electronic mail to external service providers
- Emergency manuals and contact lists
- Emergency medication list
- Facsimiles to medical practitioners and pharmacy
- Feedback forms
- Food licence 2016
- Food safety program
- Handover sheet
- Hazard register and supporting documentation
- Improvement plans and action plans
- Mandatory training records
- Medication disposal container

- Meeting minutes
- Memoranda
- Menu
- Nurse initiated medication list
- Ordering forms and invoices
- Orientation evaluation forms and questionnaires
- Pathology reports
- Permanent and Agency Staff Handbooks
- Physiotherapy referral form
- Plan for continuous improvement
- Police certificates and register
- Policies and procedures
- Position descriptions
- Registrations of professional staff
- Restraint (protective assistance) authorisations
- Rosters
- Safety data sheets
- Staff signature register
- Temperature monitoring information
- Weight records
- Wound treatment plans

Observations

The team observed the following:

- Activities in progress
- Brochures and information in other languages
- Catering, cleaning and laundry processes
- Chemical storage
- Cyclone supplies

- Equipment and supply storage areas
- Fire safety equipment, monitoring system and evacuation plans
- Gas shut off points
- Handover
- Infection control practices, resources and signage
- Interactions between staff and care recipients
- Living environment
- Meals and drinks in the dining environment
- Mission, vision and values displayed
- Orientation being delivered
- Oxygen storage
- Short group observation
- Spills kits
- Storage of medications

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team's findings

The home meets this expected outcome

Glendale Care Aged Care – Townsville (the home) is actively developing systems and processes to support continuous improvement. Achieved outcomes for care recipients and staff can be demonstrated in all standards since the home opened in October 2015. The newly appointed Service Manager is supported by a Director of Aged and Home Care who is onsite weekly. An audit schedule is available and current audit activity is priority based. Care recipients/representatives are encouraged and enabled to have input into the improvement processes through meetings, one-to-one feedback, suggestion boxes, comments and complaints and feedback forms. Staff have input through meeting forums, feedback forms and verbal feedback to management. Documentation generally supports the home's improvement processes. Care recipients/representatives and staff feel able to contribute to improvements and are satisfied with feedback provided by management.

Examples of improvements related to Standard 1 – Management systems, staffing and organisational development include:

- The home has begun to utilise an external recruitment agency for staff appointments. The 'agency' is responsible for vetting and screening applicants for management to consider. Management reported this is ensuring qualified or experienced staff who are 'workready' are being considered for employment within the home.
- The home has contracted a Project Officer for one month initially to assist in reviewing care plans and assessment processes to enhance care delivery. At the completion of the four weeks the Project Officer who is also a registered nurse will remain on the casual roster to support and monitor clinical systems. The Project Officer is experienced in aged care and we were informed of their role and responsibility.

1.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s findings

The home meets this expected outcome

Organisational and local management systems and processes support regulatory compliance. Access to the organisation’s policies and procedures, peak bodies and internet resources supports on-site management to identify and ensure compliance with all requirements.

Changes to legislation are incorporated into documentation and information is communicated to staff and care recipients (where appropriate) through education, meeting forums and memoranda.

- Examples of regulatory compliance related to this standard include the maintenance of a criminal history tracking system to ensure compliance with staff in maintaining a current police certificate and amending current forms to include recent changes to the external complaints process and amended information regarding the Aged Care Complaints Commissioner.

1.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

Care recipients/r representatives are satisfied with the knowledge and skills of management and regular staff. The home has recently implemented processes to ensure all staff complete an induction course that covers essential topics that apply to relevant roles. Training sessions are facilitated and questionnaires completed to ensure the course content is fully understood. There is a system to monitor the completion of training mandated by legislation and/or regulation. The organisation is establishing a range of processes to monitor the performance of management and staff and provide further training as required through tool boxes, access to written resources and practical application. The effectiveness of the education and staff development system is being monitored through observation and feedback mechanisms.

Examples of training relevant to this standard recently completed by management or staff include but are not limited to: Bullying and harassment, code of conduct and the organisation’s mission, vision and values.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

On entry, each care recipient or their nominated representative is provided with verbal and written information on external and internal complaints processes. Documentation in information booklets and the display of brochures in visible areas support access to the mechanisms to raise concerns or complaints. Information is also available in other languages. The home supports the confidential nature of complaints and a suggestion box is available for care recipients and staff. Complaints are actioned and outcomes recorded. Care recipients/representatives while aware of the comments and complaints mechanisms expressed satisfaction with their access to management and less formal approaches to raising comments or concerns.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The home has documented the organisation's commitment to quality through the vision, values and philosophy of care and service delivery. This information is displayed to care recipients and/or their representatives and staff.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home has sufficient skilled and qualified staff to ensure care and services are delivered in accordance with these standards and the home's philosophy and objectives. Care recipients/representatives are generally satisfied with the quality of care and services provided at the home and with the availability of management and staff. Human resource planning processes ensure registered nursing staff are available at all times and ensure qualified staff are appropriately rostered and allocated to meet care recipients' needs. The home's recruitment procedures include minimum skills and qualification criteria for each role sourced by an external agency. The home has capacity to replace staff on leave and processes to source suitable replacements, or in the short term, extend shifts to cover care needs. The effectiveness of human resource planning processes is currently being monitored as the home continues to admit care recipients.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

Staff and care recipients are satisfied they have access to stocks of appropriate goods and equipment. The organisation's processes for monitoring stock levels and reordering additional goods are effective. Minimum stock levels have been identified and goods are reordered to meet/exceed these levels. Goods are appropriately stored, expiry dates are monitored and perishable goods are used on a 'first in, first out' basis. Processes to identify new equipment needs are managed by the heads of each department and facilitated through regular meetings. New types of equipment are trialled to ensure suitability and staff are provided with training on how to operate equipment. The home's equipment maintenance program is effective. The maintenance program includes the inspection and maintenance of equipment as required by legislation and/or regulation. The effectiveness of goods and equipment supply processes is monitored through audits, feedback mechanisms and monthly property status reports.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home does not meet this expected outcome

There is not an effective information management system. Information systems do not ensure that staff have access to current and accurate information to perform their role. Clinical information systems are not effective in ensuring information is collected and recorded to ensure care recipients receive appropriate care. Electronic systems are not being utilised effectively to capture information relating to the management roles.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

Externally sourced services meet the home's needs and goals. Care recipients and staff are satisfied with externally sourced services. Externally sourced services include allied health specialists, specialised maintenance requiring a trade, pharmacy services and general goods and equipment suppliers. Emergency contacts are available to staff if external services are required out of normal hours. External services are managed by staff based at the organisation's head office with advice from the Director of Nursing and the Operations Manager. Service specifications and conditions are set out in service agreements. The home is currently under a warranty period following the building completion. The performance of external service providers is monitored and the staff of external service providers who visit the

home are required to hold a current police certificate and meet work health and safety regulations.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

2.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team's findings

The home meets this expected outcome

The home is actively establishing systems and processes to support continuous improvement. Refer to Expected outcome 1.1 Continuous improvement for details of the systems and processes.

Examples of improvements related to Standard 2 – Health and personal care include:

- A review of the thickening agent for those care recipients on thickened fluids has resulted in a powder form being implemented. Staff report this is easier to measure and store to ensure the correct consistency for care recipients. Care staff were aware of the correct amounts to achieve the relevant consistencies.
- In response to care recipient feedback through the 'resident meeting' about the availability of fruit and snacks after or in between meal times, the catering staff have supplied fresh cut up fruit in kitchenette fridges as well as individually packaged biscuits for care recipients to access. We observed the supplies available and care staff were aware of their availability.
- Following a review of the varying levels of expertise of the clinical documentation systems, summary care plans for all care recipients have been printed and placed in the wardrobes for staff to access. Care staff report this is providing some key information at point of care.

2.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.

Team’s findings

The home meets this expected outcome

Organisational and local management systems and processes support regulatory compliance. Access to the organisation’s policies and procedures, peak bodies and internet resources supports on-site management to identify and ensure compliance with all requirements.

Changes to legislation are incorporated into documentation and information is communicated to staff and care recipients (where appropriate) through education, meeting forums and memoranda.

Examples of regulatory compliance related to this standard include the ongoing monitoring of professional registrations and the reporting of care recipients missing without explanation.

2.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for details of the systems and processes.

Examples of training relevant to this standard recently completed by management or staff include but are not limited to: continence management and food textures and consistencies.

2.4 Clinical care

This expected outcome requires that “care recipients receive appropriate clinical care”.

Team’s findings

The home does not meet this expected outcome

The home has not maintained an effective clinical management system. Care directives and treatments are not consistently implemented as prescribed and there is ineffective follow-up and reassessment of care recipients experiencing a change in their healthstatus.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Care recipients with specialised nursing care needs are identified and their needs assessed in consultation with the care recipient and/or their representatives and the health care team.

Types of specialised care provided include catheter care, blood glucose monitoring and diabetes management, management of complex wounds and warfarin management. The home has access to external services to support the provision of specialised nursing care if needed. Care strategies are developed and generally recorded within care and treatment plans, and care is implemented and regularly reviewed. Appropriate equipment and sufficient stock is available to enable care and treatment to be provided effectively. Care recipients/representatives are satisfied with the specialised nursing care provided.

2.6 Other health and related services

This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Care recipients are referred to appropriate health services in accordance with their needs and preferences. Care recipients’ needs are identified and referrals are made for medical and/or allied health professionals’ assessment and management, as needed. Referrals are initiated and recommendations for care and management are generally recorded and communicated to relevant staff. Implementation of care is monitored and followed up by the relevant health professional as indicated. Care recipients/representatives are satisfied with other health and related services provided and with consultation processes.

2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

A medication management system has been established to ensure that care recipients’ medication is managed safely and correctly. Medications are prescribed by the medical practitioner and are dispensed by the pharmacist. Information about the time and frequency of medications and alerts about medications not packed is communicated to staff to ensure medications are given as prescribed. Qualified nursing staff administer medications in a safe and correct manner and medications are stored appropriately. The care recipients’ medical practitioner regularly reviews their medications and effectiveness and the supplying pharmacist supports this process. The effectiveness of the medication management system is being monitored and medication incidents ‘adverse events’ are now being recorded and action

is taken to address deficiencies. Care recipients/representatives are satisfied with the way their medications are managed.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

Care recipients’ pain is identified and factors contributing to pain are generally assessed and referrals for medical and allied health assessment are initiated as needed. A variety of pain management strategies are available for care recipients to ensure that they remain as free as possible from pain and these strategies are communicated to staff and implemented. Staff outlined pain management strategies for individual care recipients; care and treatment plans and clinical documentation records action taken in response to care recipients’ reports of pain. The effectiveness of pain management strategies is regularly reviewed. Care recipients/representatives advised they are satisfied the care recipients’ pain is managed effectively.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill care recipients is maintained”.

Team’s findings

The home meets this expected outcome

The home has processes to ensure the comfort and dignity of terminally ill care recipients is maintained and information about their care needs and changes in care requirements are communicated to staff within the care documentation and verbally throughout the shift.

Palliative care, emotional and psychosocial support for care recipients and their representatives is provided by nursing staff, and local palliative care specialists in accordance with care recipients’/representatives’ needs and preferences. Care recipients’ choices and preferences in relation to their end of life care is recorded and regular discussion occurs with them and/or their representatives and the health care team in relation to changes in care recipients’ response to care, and consultation about ongoing care.

2.10 Nutrition and hydration

This expected outcome requires that “care recipients receive adequate nourishment and hydration”.

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration and processes are in place to identify their food and fluid preferences and to assess care recipients at risk of impaired nutrition. Care plans generally provide information about the level of assistance care recipients require in promoting effective eating and drinking. Weight monitoring is undertaken and action is taken to address weight loss with care recipients being referred for medical and/or allied health assessment and management if nutritional deficiencies are identified.

Monitoring is undertaken to ensure that care recipients’ special dietary needs are provided and assistance/supervision is given with eating and drinking in accordance with care recipients’ needs. The effectiveness of strategies in promoting care recipients’ nutrition and hydration will be evaluated during the scheduled three monthly care review process. Care recipients/representatives are generally satisfied with the quality, quantity and variety of food and fluids and with the assistance provided by staff.

2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Processes are in place to ensure care recipients’ skin integrity is consistent with their general health. Care recipients at risk of impaired skin integrity are identified through assessment, and care plan strategies outline measures required to maintain care recipients’ skin integrity.

Breaks in skin integrity are reported within progress notes and strategies are in place to address these. Impairments in skin integrity are inconsistently recorded and reported through the ‘adverse event’ forms. Staff outlined strategies that they use to promote care recipients’ skin integrity; and pressure-relieving equipment is available and used as needed. Podiatry services are provided to care recipients on a regular basis. The effectiveness of the programs in promoting care recipients’ skin integrity is evaluated during the scheduled three monthly care review process. Care recipients/representatives are satisfied with strategies used to promote skin integrity.

2.12 Continence management

This expected outcome requires that “care recipients’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

Care recipients’ continence management needs are identified through the assessment process and identification of their bladder and bowel patterns, and met through the establishment and monitoring of programs to promote continence, to manage incontinence and prevent constipation. Programs are developed in consultation with care recipients and the health care team. Processes for monitoring the effectiveness of continence management programs are in place although documentation is inconsistent. Care recipients’ individual continence management programs are communicated to care staff. The effectiveness of the programs in meeting care recipients needs will be evaluated during the scheduled three monthly care review process. Care recipients/representatives are satisfied with the assistance provided by staff in relation to continence management.

2.13 Behavioural management

This expected outcome requires that “the needs of care recipients with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified and monitoring and adverse incident reporting is generally undertaken to assist in the identification of patterns and triggers. Processes are in place for the referral of care recipients for specialist medical and allied health services in accordance with their needs and preferences. Behaviour management care plans provide basic information about care recipients’ behaviours and care strategies.

Staff are attentive to the needs of care recipients who exhibit challenging behaviours and respond appropriately to prevent behaviours from occurring and manage behaviours if they occur. The effectiveness of behaviour management strategies is regularly reviewed and will be evaluated during the scheduled three monthly care review process.

Care recipients/representatives are satisfied with the home’s approach to managing the causes, which prompt challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.

Team’s findings

The home meets this expected outcome

Care recipients’ mobility and dexterity levels and needs are initially identified and assessed by registered nurses and the physiotherapist and occupational therapist subsequently undertake more detailed assessments and complete manual handling plans and exercise programs and provide aids as indicated. Aids are provided to promote independence in accordance with care recipients’ needs. Falls incidents are generally reported and plans are in place to enable trends to be identified and preventive strategies implemented where indicated. The effectiveness of strategies in identifying and managing care recipients with impaired mobility and dexterity will be evaluated during the scheduled three monthly care review process. Care recipients/representatives are satisfied with the assistance provided by staff to help care recipients maintain their mobility, dexterity and independence.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is assessed and if needed, they are referred for specialist medical and/or dental services for more detailed assessment and management in accordance with their needs and preferences. Care strategies to maintain care recipients’ oral and dental health are communicated to staff and implemented. Staff are aware of the strategies to support care recipients’ oral and dental care. The effectiveness of strategies in

identifying and managing care recipients' oral and dental care will be evaluated during the scheduled three monthly care review process. Care recipients/representatives are satisfied with the assistance provided by staff.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' sensory abilities are assessed and if sensory loss is identified, they are referred for specialist medical and/or allied health services for more detailed assessment and management in accordance with their needs and preferences. Care strategies to manage care recipients' sensory loss are communicated to staff and implemented. Staff are aware of the strategies required to support individual care recipient's needs. The effectiveness of strategies in identifying and managing care recipients with sensory losses will be evaluated during the scheduled three monthly care review process. Care recipients/representatives are satisfied with the assistance provided by staff.

2.17 Sleep

This expected outcome requires that "care recipients are able to achieve natural sleep patterns".

Team's findings

The home meets this expected outcome

Processes are in place to assist care recipients to achieve natural sleep patterns. Care recipients' normal sleep patterns and assistance required to achieve natural sleep are identified and generally assessed in consultation with them and the health care team. Care strategies are developed, communicated to staff and implemented in response to care recipients' needs and preferences. The effectiveness of strategies in promoting natural sleep for care recipients' will be evaluated during the scheduled three monthly care review process. Care recipients are satisfied with the care and assistance provided by staff.

Standard 3 – Care recipient lifestyle

Principle: Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

The home is actively establishing systems and processes to support continuous improvement. Refer to Expected outcome 1.1 Continuous improvement for details of the systems and processes.

Examples of improvements related to Standard 3 – Care recipient lifestyle include:

- To support the transition from community or hospital to residential care the home has implemented a process whereby a clinical nurse visits the prospective care recipient and their representative, (if appropriate) prior to entry into the home. This is to establish rapport with the prospective care recipient and also to ensure that the care needs of individuals can be met by the home. Management reported this generally occurs on a weekly basis and is helpful in managing the entry process and care recipient mix as the home is not yet at maximum occupancy.
- Following a recently introduced activity on Valentine’s Day where a variety of wedding gowns were modelled, a representative requested a renewal of wedding vows with their spouse who is accommodated in the secured unit. The care recipient agreed and utilised one of the gowns and the ceremony took place with staff, family and visitors. Photos were provided by family members who were present and involved in the ceremony. Care staff reported this remains a focal point of conversation.

3.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about care recipient lifestyle".

Team's findings

The home meets this expected outcome

Organisational and local management systems and processes support regulatory compliance. Access to the organisation's policies and procedures, peak bodies and internet resources supports on-site management to identify and ensure compliance with all requirements.

Changes to legislation are incorporated into documentation and information is communicated to staff and care recipients (where appropriate) through education, meeting forums and memoranda.

Examples of regulatory compliance related to this standard include implementing processes for the management of reportable assaults and processes to ensure care recipients have security of tenure.

3.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for details of the systems and processes.

Examples of training relevant to this standard recently completed by management or staff include but are not limited to: privacy and dignity, advocacy and mandatory reporting.

3.4 Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients are supported to adjust to their new home initially and on an ongoing basis. Information and support is provided to care recipients/representatives before and upon entry to the home and new/intending care recipients are taken on a tour of the home as part of their orientation and assisted to be comfortable and settle in. Care recipients are given additional assistance to meet others within the home, make and renew friendships and participate in the community lifestyle at a pace that suits them. Information is gathered about the care recipients' background, personal traits, likes and dislikes and this information is communicated to staff to ensure they receive the emotional support they need so as to facilitate adjustment to the new environment. Care recipients/representatives are satisfied with the support care recipients receive.

3.5 Independence

This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence and maintain friendships and participate in the community. Care recipients' abilities and preferences for maintaining their independence are identified through discussion with each care recipient/representative and through information obtained for clinical and lifestyle assessments. An individualised care plan to reflect their wishes is developed, implemented and is regularly reviewed and updated as appropriate. The support required to maintain care recipients' independence includes specialised equipment and/or aids and, where necessary, staff facilitate access to the community within and outside the home. Staff practices encourage and support care recipients' independence within their capacity, in relation to personal care and activities of daily living. Care recipients'/representatives' feedback regarding their satisfaction with processes that support independence is regularly requested. Care recipients/representatives are satisfied with assistance provided to achieve independent lifestyle choices.

3.6 Privacy and dignity

This expected outcome requires that "each care recipient's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

Care recipients' privacy and dignity needs are identified and the particular needs and preferences of each individual are communicated to staff and respected. Staff have an understanding of principles associated with maintaining care recipients' privacy and dignity as well as the particular preferences of individuals. Education is provided to staff regarding privacy, dignity and confidentiality. Staff are sensitive and respectful in the recording of care recipients' personal information, and information is stored in a way that is not easily accessible to unauthorised persons. Care recipients/representatives are satisfied care recipients are treated with respect, and that support care recipients' privacy and maintain their dignity.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Care recipients' lifestyle and leisure needs and preferences are identified and activity programs (individual and group) are provided which stimulate their physical, intellectual, spiritual, creative and social skills. Care recipients' participate in the development of the group activity programs, which are flexible and support their interest. The home is in the process of sourcing transport services to enable care recipients to participate in organised outings on a more frequent basis. Staff support care recipients to attend leisure activities; their choices and

wishes to attend or not are respected and one to one and individual activities are offered. Care recipient satisfaction with activities is determined and programs are adjusted in accordance with feedback provided. Care recipients/representatives are satisfied with the variety of activities offered and with the support provided by staff to facilitate participation in leisure pursuits.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

The home has processes for ensuring care recipients' interests, customs beliefs and cultural backgrounds are valued and fostered. Care recipients' cultural and spiritual needs and preferences are identified and information is communicated to staff to ensure that these preferences are reflected in the delivery of care, leisure pursuits and other services (for example, meals, spiritual reflections, church services and celebrations). The home recognises and celebrates a variety of Australian traditional and religious events throughout the year in keeping with the care recipients' preferences. The home is in the process of sourcing and organising for various religious services to be held on site for care recipients as requested.

Care recipients/representatives are satisfied care recipients' cultural and spiritual needs and preferences and customs are recognised, respected and supported.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Each care recipient is encouraged and supported to participate in decisions and exercise choice and control over the care and services they receive. Initial assessment and ongoing consultation identify care recipients' wishes, likes, dislikes and preferences. This information is used to develop care and lifestyle plans. Care recipients have opportunities to provide feedback about the provision of care and services and are encouraged to raise suggestions.

Care recipients' representatives or substituted decision makers are identified to assist in making decisions if a care recipient is unable to do so. Results show care recipients/representatives have access to advocacy services, information in other languages and their feedback demonstrated choices are respected and encouraged. Staff assist care recipients to make informed choices where appropriate and demonstrate flexible routines to support individual preferences on a day-to-day basis. Care recipients/representatives are satisfied care recipients are enabled to exercise choice and control over their care and lifestyle.

3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the home and are assisted to understand their rights and responsibilities. Care recipients/representatives are informed of their security of tenure and care recipient rights and responsibilities on entry to the home. They are provided with an information booklet and a care agreement. Care recipient and representative satisfaction is monitored through complaints processes and verbal feedback to staff and management.

Information regarding independent sources of advice and advocacy are available within the home. Care recipients/representatives are able to choose the preferred room. Staff assist care recipients to understand their rights and responsibilities and these are displayed within the home. Care recipients/representatives are satisfied the home provides security of tenure and supports individual needs and preferences where possible.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

4.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

The home is actively establishing systems and processes to support continuous improvement. Refer to Expected outcome 1.1 Continuous improvement for details of the systems and processes.

Examples of improvements related to Standard 4 – Environment and safe systems include:

- In the commissioning of the home it was identified that water reserve for fire emergencies may be insufficient. The home implemented an independent bulk water supply (3x65,000 litre tanks) onsite to ensure sufficient water source in the event of a fire.
- A review of the infection control program has resulted in the home purchasing a complete infection control monitoring package to ensure practices and processes are consistent with current infection control guidelines. Management indicated this would be implemented in the near future. In the interim, monitoring processes continue with established infection control measures. The home is currently reviewing the need for central supply kits to be ‘outbreak ready’.

4.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.

Team’s findings

The home meets this expected outcome

Organisational and local management systems and processes support regulatory compliance. Access to the organisation’s policies and procedures, peak bodies and internet resources supports on-site management to identify and ensure compliance with all requirements.

Changes to legislation are incorporated into documentation and information is communicated to staff and care recipients (where appropriate) through education, meeting forums and memoranda.

Examples of regulatory compliance related to this standard include the introduction of a food safety program and associated food licencing and prioritising occupational health and safety.

4.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for details of the systems and processes.

Examples of training relevant to this standard recently completed by management or staff include but are not limited to: chemical handling, manual handling and food safety.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable living environment that is consistent with care recipients' needs. The environmental needs of care recipients are identified through clinical assessments and feedback mechanisms. These assessments cover equipment and mobility needs, falls risk and challenging behaviours such as wandering.

Restraint use is minimised and generally authorised by medical officers to address a specific assessed need. Care recipients have access to an emergency call bell system and staff are prompt to respond when the system is activated. The home has an incident management system and action is taken to minimise the recurrence of incidents.

The home is currently occupied in four wings, each with dining rooms, lounge rooms and outdoor areas. Care recipients are supported to personally decorate their rooms. The home is temperature controlled. Care recipients/representatives are satisfied with the safety and comfort of the living environment.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment consistent with regulatory requirements. The home has a system to generally capture incidents, hazards and assess risk. The organisation's work health and safety policy and rehabilitation policy are documented. Staff incidents are documented, reviewed by the Director of Nursing and are able to be reviewed by the organisation's head office staff. The organisation has a 'no lift' policy and suitable equipment is available. Hazardous substances are risk assessed, suitably stored and staff generally have access to personal protective equipment and safety data

sheets. Staff are trained in key safety topics at induction and safety issues can be discussed during staff meetings. Management and staff are aware of their responsibilities with respect to work health and safety. Work health and safety is monitored through incident analysis and observations of the environment and staff practice.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

Management and staff have taken actions to demonstrate they are actively working to minimise fire, security and emergency risks. Staff are trained in fire safety and evacuation procedures. Key staff have completed training as fire wardens. Staff have access to up to date evacuation procedures, an evacuation list of care recipients and an emergency procedure manual. Firefighting equipment, emergency exits and assembly areas are accessible.

Emergency systems and equipment that minimise fire risks including a smoke detection and alarm system, sprinkler system, emergency lighting, fire doors, fire extinguishers, fire hoses and fire blankets are regularly inspected and maintained as required. The home has effective security systems including night time procedures and overnight patrols and checks; security issues are reported to the police. Management have developed a management plan to be cyclone ready and identified the most significant risk to the home is local area flooding; this risk is mitigated through additional stocks and an emergency generator. Staff are aware of their responsibilities and understand what to do in an emergency.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

Processes to minimise the risks associated with the transmission of infection are in place. Staff are provided with information about infection control at orientation, through the ongoing education and policies, procedures and guidelines. Staff are aware of infection control principles in line with their roles and responsibilities. Sufficient stock and equipment is available to enable staff to effectively minimise the transmission of infection. Staff practices in preventing the transmission of infection are monitored. Records of the number and type of infections are now being collected on adverse event forms to facilitate the analysis of data and the implementation of preventive strategies if indicated. The home has a scheduled cleaning program and on-site laundry with infection control processes in place. Food is stored safely; temperature monitoring is conducted in accordance with the home's food safety plan and food safety practices are monitored through audits. Care recipients/ representatives are satisfied with staff hygiene practices and with the cleanliness of the home.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

Care recipients/representatives are generally satisfied with catering, cleaning and laundry services. Care recipients are served meals in the home's dining rooms or may have a tray service to their room if they prefer. Dining rooms are arranged to provide a pleasant and relaxed atmosphere and care staff and hospitality staff are available to assist care recipients with their meals. Meals and snacks are home cooked in the on-site kitchen and served from induction heat appliances in the kitchenettes. The menu, reviewed by a dietitian rotates over five weeks and offers choice and variety. The meals are chosen by care recipients on the previous day and include consideration for preferences, likes, dislikes and special considerations. Care recipients' dietary needs and preferences as assessed by clinical staff and this information is communicated to catering staff. Cleaning services are provided and include day to day cleaning of rooms and common areas and periodic cleaning. Cleaning schedules guide staff. Laundry services are provided by the home's on-site laundry. Care recipients' clothing is collected for washing and returned to their rooms by hospitality staff.

There is generally a system to identify clothing and manage 'un-named' or lost clothing. The effectiveness of hospitality services is monitored through care recipients' meetings, feedback forms and one-to-one feedback to the chef or care staff. Hospitality staff are satisfied with their working environment.